

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>12/11/03</u>		2 Serial/Patent # <u>09/720,380</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	#15	11.14.03	\$ 475.							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 475.								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>8</td><td>--</td><td>0</td><td>7</td><td>5</td><td>0</td></tr></table>			0	8	--	0	7	5	0
0	8	--	0	7	5	0					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="font-size: 1.2em;">Extension filed after six-month statutory period for reply.</p> </div>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: _____			TITLE: <u>Para Spec.</u>								
SIGNATURE: <u>Patrice Bond</u>			PHONE: <u>308-6911</u>								
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alison Kell</u>			DATE: <u>12/12/03</u>								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**